

**THIS FORM MO-1040 IS FOR INDIVIDUAL USE ONLY.**

**Software companies please refer to  
Advanced Proofs Page  
1999 Form MO-1040 2D Barcode Return.**



## INDIVIDUAL INCOME TAX RETURN — LONG FORM

1999 FORM MO-1040

FOR CALENDAR YEAR JAN. 1 – DEC. 31, 1999, OR FISCAL YEAR BEGINNING

1999, ENDING

20

AMENDED RETURN — CHECK HERE ☐SOFTWARE  
VENDOR CODE  
(Assigned by DOR) ▶

## STEP 1 — NAME AND ADDRESS

YOUR LAST NAME	FIRST NAME	MIDDLE INITIAL	YOUR SOCIAL SECURITY NUMBER	
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	YOUR SPOUSE'S SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (INCLUDE APT. NO. OR RURAL ROUTE)			COUNTY OF RESIDENCE	SCHOOL DISTRICT NO. (SEE PAGE 16)
CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE				
PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOU AND YOUR SPOUSE				

AGE 65 OR OLDER

☐ YOURSELF ☐ SPOUSE

BLIND

☐ YOURSELF ☐ SPOUSE

100% DISABLED

☐ YOURSELF ☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF ☐ SPOUSE

You may contribute to any one or all of the trust funds below. Place the total amount contributed on Lines 44a, 44b, 44c and 44d. Please see the instructions for these lines for a complete description of each trust fund.



Enclose copies of pages 1 and 2 of your Federal Form 1040 or 1040A if you:

- itemized deductions on your federal return (also enclose a copy of Federal Schedule A);
- claim a pension exemption;
- have loss(es) of \$1,000 or more on your federal return;
- have modifications on Form MO-A, Part 2;
- claim a dependent deduction for a dependent age 65 or older;
- file Form MO-NRI;
- claim a low income housing credit and/or low income housing recapture; or
- claim other federal tax deductions on Line 12

## STEP 2 — FIGURE YOUR MISSOURI ADJUSTED GROSS INCOME

	Yourself		Your Spouse	
1. Federal adjusted gross income (see instructions) ▶	1Y	00	1S	00
2. Total additions (from Form MO-A, Part 2, Line 4) ▶	2Y	00	2S	00
3. Total income — add Lines 1 and 2 ▶	3Y	00	3S	00
4. Total subtractions (from Form MO-A, Part 2, Line 9) ▶	4Y	00	4S	00
5. Missouri adjusted gross income — Line 3 minus Line 4 ▶	5Y	00	5S	00
6. Total Missouri adjusted gross income (Add columns 5Y and 5S) ▶	6		00	
7. Income percentages — divide columns 5Y and 5S by total on Line 6 (Total of columns 7Y and 7S must equal 100%) ▶	7Y	%	7S	%

## STEP 3 — FIGURE YOUR TAXABLE INCOME

8. Pension exemption (from Form MO-A, Part 3, Line 11) ▶	8	00	
9. Mark your filing status box and enter exemption amount here. ▶	9	00	
<input type="checkbox"/> A. Single — \$2,100 (See Box B before checking)	<b>If you checked Box B on Line 9, enter "0" on Line 9.</b>		<b>Enclose Form W-2(s)</b>
<input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00			
<input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200			
<input type="checkbox"/> D. Married filing separate — \$2,100			
<input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200			
<input type="checkbox"/> F. Head of household — \$3,500			
<input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500			
10. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See instructions.) ▶	10	00	
11. Federal income tax liability (from Federal Form 1040, Line 49 minus Line 59a; or Federal Form 1040A, Line 32 minus Line 37a; or Federal Form 1040EZ, Line 10 minus Line 8a; or Federal Telefile Tax Record, Line K (second box) minus Line L) (Do not enter amount from your Form W-2(s)—Not Federal Tax Withheld) ▶	11	00	
12. Other federal tax (see instructions). Enclose pages 1 and 2 of federal return ▶	12	00	
13. Total federal tax — add Lines 11 and 12 ▶	13	00	
14. Federal tax deduction. Enter amount from Line 13 not to exceed \$5,000 for individual filer (\$10,000 for combined) ▶	14	00	
15. Number of dependents (DO NOT INCLUDE YOURSELF OR SPOUSE) from Federal Form 1040, Line 6c OR Federal Form 1040A, Line 6c ▶	15	00	
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE) ▶	16	00	
17. Total deductions — add Lines 8, 9, 10, 14, 15 and 16 ▶	17	00	
18. Subtotal — subtract Line 17 from Line 6 ▶	18	00	
19. Multiply Line 18 by percentages (%) on Line 7 ▶	19Y	00	
20. Enterprise zone income modification (see instructions) ▶	20Y	00	
21. Subtract Line 20 from Line 19. Enter here and on Line 22 ▶	21Y	00	

**STEP 4 — FIGURE YOUR TAX**

	Yourself		Your Spouse	
22. Taxable income amount from Line 21Y and 21S .....	22Y	00	22S	00
23. TAX on Line 22 (see tax table, Form MO-A, page 1) .....	23Y	00	23S	00
24. Resident credit (enclose Form MO-CR and other state's return) .....	24Y	00	24S	00
<b>OR</b>				
25. Missouri income percentage (enclose Form MO-NRI and copy of federal return). Check appropriate box if you or your spouse is a professional entertainer or a member of a professional athletic team. <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE .....	25Y	%	25S	%
26. Balance (Resident — subtract Line 24 from Line 23 OR Missouri income percentage — multiply Line 23 by percentage on Line 25) .....	26Y	00	26S	00
27. Other taxes (check box and enclose federal form indicated): <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611) .....	27Y	00	27S	00
28. SUBTOTAL — Add Lines 26 and 27 .....	28Y	00	28S	00
29. TOTAL TAX — Combine your taxes and your spouse's taxes from Line 28 .....	29			00

**STEP 5 — FIGURE YOUR PAYMENTS AND CREDITS**

30. MISSOURI tax withheld as shown on your Form W-2(s) and/or Form 1099-R(s). Form W-2(s) and/or Form 1099-R(s) must be enclosed .....	30	00
31. 1999 Missouri estimated tax payments (include overpayment from 1998 applied to 1999) .....	31	00
32. Missouri tax withheld for nonresident partners or S corporation shareholders .....	32	00
33. Missouri tax withheld for nonresident entertainers .....	33	00
34. Amount paid with Missouri extension of time to file (Form MO-60 or Form MO-1040V) .....	34	00
35. Miscellaneous tax credits (from Form MO-TC, Line 12). Form MO-TC must be enclosed .....	35	00
36. Property tax credit. Enclose Form MO-PTC .....	36	00
37. Pharmaceutical tax credit (YOURSELF <input type="checkbox"/> + YOUR SPOUSE <input type="checkbox"/> =) .....	37	00
38. Total payments and credits Add Lines 30 through 37 .....	38	00

**STEP 6 — AMENDED RETURN ONLY (Skip this step if you are not filing an amended return.)**

39. Amount paid on original return .....	39	00												
40. Overpayment as shown (or adjusted) on original return .....	40	00												
INDICATE REASON(S) FOR AMENDING.														
<input type="checkbox"/> A. Federal audit .....	Enter date of IRS report													
<input type="checkbox"/> B. Net operating loss carryback .....	Enter year of loss													
<input type="checkbox"/> C. Investment tax credit carryback .....	Enter year of credit													
<input type="checkbox"/> D. Correction other than A, B or C .....	Enter date of federal amended return, if filed													
<table border="1" style="display: inline-table;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			M	M	D	D	Y	Y						
M	M	D	D	Y	Y									
41. Amended Return — total payments and credits — add Line 39 to Line 38 or subtract Line 40 from Line 38 .....	41	00												

**STEP 7 — FIGURE YOUR REFUND OR AMOUNT DUE**

42. If Line 38, or if amended return, Line 41, is larger than Line 29, enter difference (amount of <b>OVERPAYMENT</b> ) here .....	42	00
43. Amount of Line 42 to be applied to your 2000 estimated tax .....	43	00
44. Amount of Line 42 to be contributed to trust funds		
44a. Children's Trust Fund .....	44a	00
44b. Veterans Trust Fund .....	44b	00
44c. Elderly Home Delivered Meals Trust Fund .....	44c	00
44d. Missouri National Guard Trust Fund .....	44d	00
45. Overpayment to be refunded to you. Subtract Lines 43, 44a, 44b, 44c and 44d from Line 42 and enter here. Mail return to: <b>DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. REFUND</b> .....	45	00
46. If Line 29 is larger than Line 38 or Line 41, enter the difference (amount of <b>UNDERPAYMENT</b> ) here .....	46	00
47. Underpayment of estimated tax penalty (enclose Form MO-2210). Enter penalty amount here .....	47	00
48. Total amount due. Add Lines 46 and 47 and enter here. Mail return and payment to: <b>DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329</b> . Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only) made payable to: Missouri Director of Revenue. <b>AMOUNT DUE</b> .....	48	00

**STEP 8 — PLEASE SIGN RETURN**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.

I authorize the Director of Revenue or delegate to discuss my return and enclosures with the preparer or any member of his/her firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE	DOR ONLY	S E U P F
YOUR SIGNATURE	DATE	PREPARER'S SIGNATURE	FEIN, SSN OR PTIN	
SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE	PREPARER'S ADDRESS AND ZIP CODE	DATE	